

PRAMS, the Pregnancy Risk Assessment Monitoring System, is an ongoing, population-based survey that collects information on maternal attitudes and experiences before, during and after pregnancy. This report summarizes information about sleep position, bed sharing, sleep environment and safe sleep advice for Vermont births in the years 2001 to 2011.

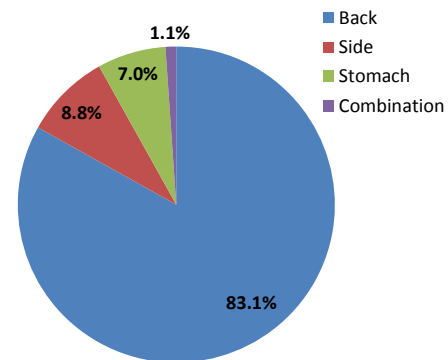
According to the Centers for Disease Control and Prevention (CDC), placing the baby on her or his back to sleep, not sharing a bed with the baby, and putting the baby to sleep on a firm sleep surface, in a sleep environment that is free of soft objects, can all reduce the risk of Sudden Unexpected Infant Death<sup>1</sup> (SUID). Cigarette smoking<sup>2</sup> is also a significant risk factor for SUID.

### Sleep Position

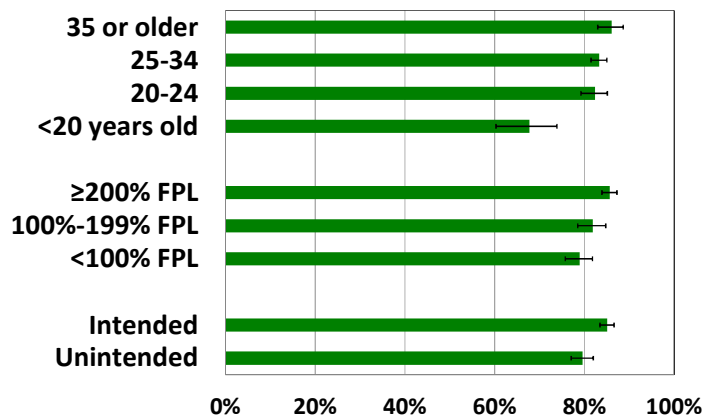
The figure on the right shows the position in which Vermont infants were most often placed to sleep:

- 83.1% of babies were most often placed to sleep on their backs
- 8.8% of babies were most often placed to sleep on their sides
- 7.0% of babies were most often placed to sleep on their stomachs

**Infant Sleep Position, 2009-2011**



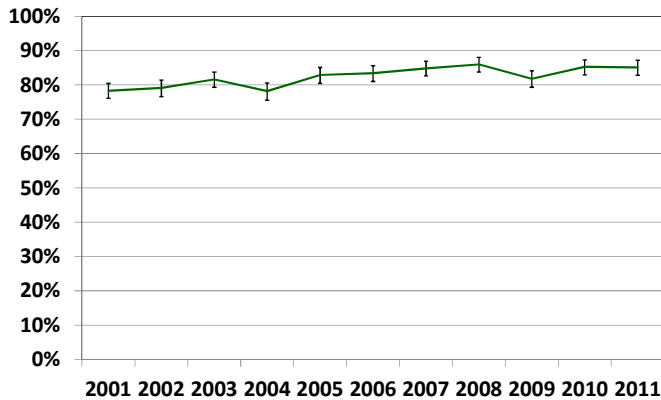
**Infants Placed on Back to Sleep  
Vermont 2009-2011**



Teenage mothers were significantly less likely to usually place their babies on their backs to sleep, as were women whose pregnancies were unintended.

Infants in households where the annual income was below the federal poverty level (FPL) were less likely than those in households with incomes two or more times the FPL to be placed on their backs to sleep.

**Infants Placed on Back to Sleep  
Vermont 2001-2011**



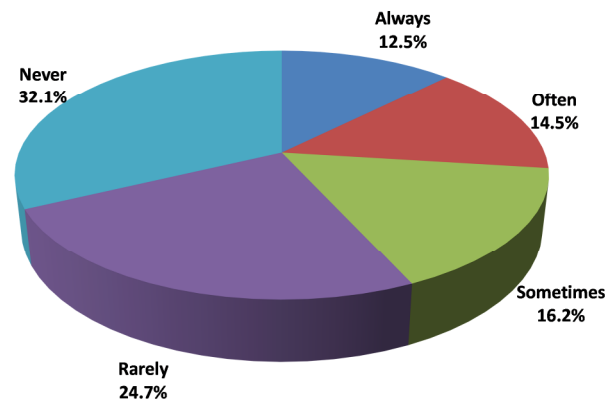
The proportion of infants placed on their backs to sleep has been steadily increasing since Vermont PRAMS has been collecting data, from 79.1% (95% confidence interval: 76.6-81.4%) in 2001 to 85.1% in 2011 (82.8%-87.1%).

This is a statistically significant increase of about 0.7% per year.

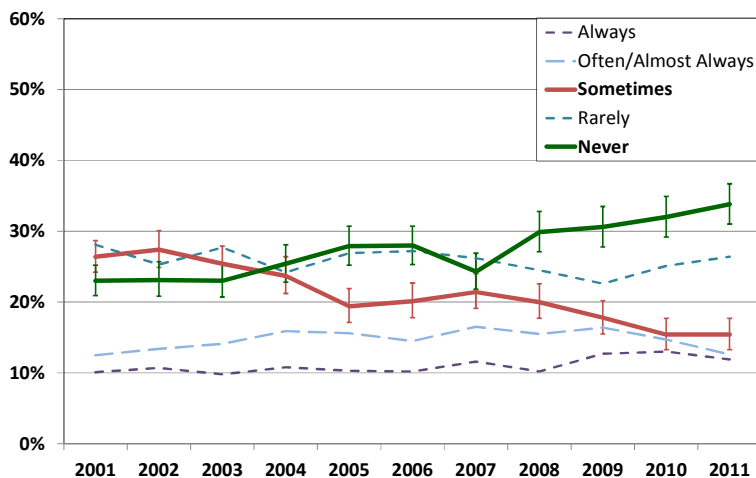
**Bed Sharing**

Twenty-seven percent of Vermont infants born in 2009-2011 always or often slept in the same bed as their mother or someone else. 56.8% rarely or never shared a bed.

**Frequency of Infant Bed Sharing  
Vermont 2009-2011**



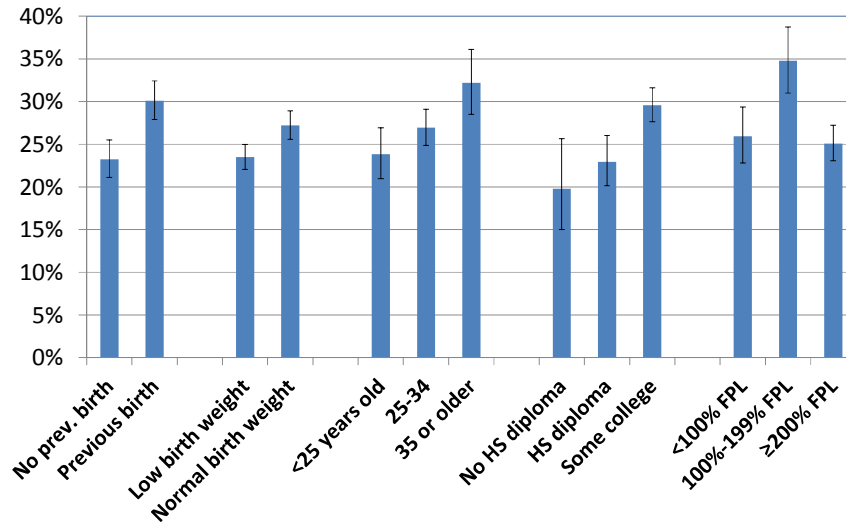
**Frequency of Bed Sharing  
Vermont 2001-2011**



The proportion of infants never sleeping in a shared bed has been significantly increasing, while the proportion of those sometimes sharing a bed has been significantly decreasing.

There has been no significant change, however, in the prevalence of often or always sharing a bed.

**Prevalence of Always/Often Bed Sharing  
Vermont 2009-2011**



Infants of mothers with previous live births, normal birth weight infants, and infants whose mothers had attended college were more likely to always or often bed share. Mothers 35 years old or older were also more likely to share a bed with their infants than mothers under age 25.

Infants in households with incomes under the federal poverty level (FPL) and in those with incomes two or more times greater than FPL were less likely to share a bed than infants in households with incomes between 100% and 199% FPL.

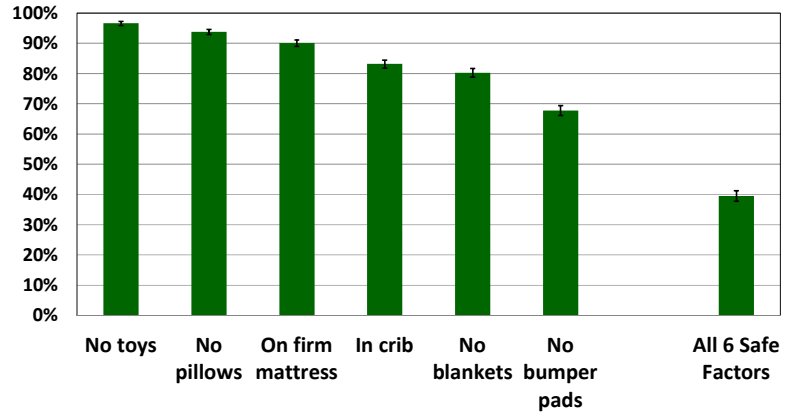
**Sleep Environment**

In addition to sleep position and bed sharing, the Vermont PRAMS questionnaire asks about the presence of potentially dangerous objects in the infant’s sleep environment. About 40% of infants had none of the six surveyed risk factors in their sleep environments.

About 90% or more of Vermont babies born in the years 2009-2011 slept in an environment without stuffed toys, on a firm mattress, or without pillows. Sleeping in a crib (83.2%) and sleeping without a blanket (80.3%) were slightly less predominant.

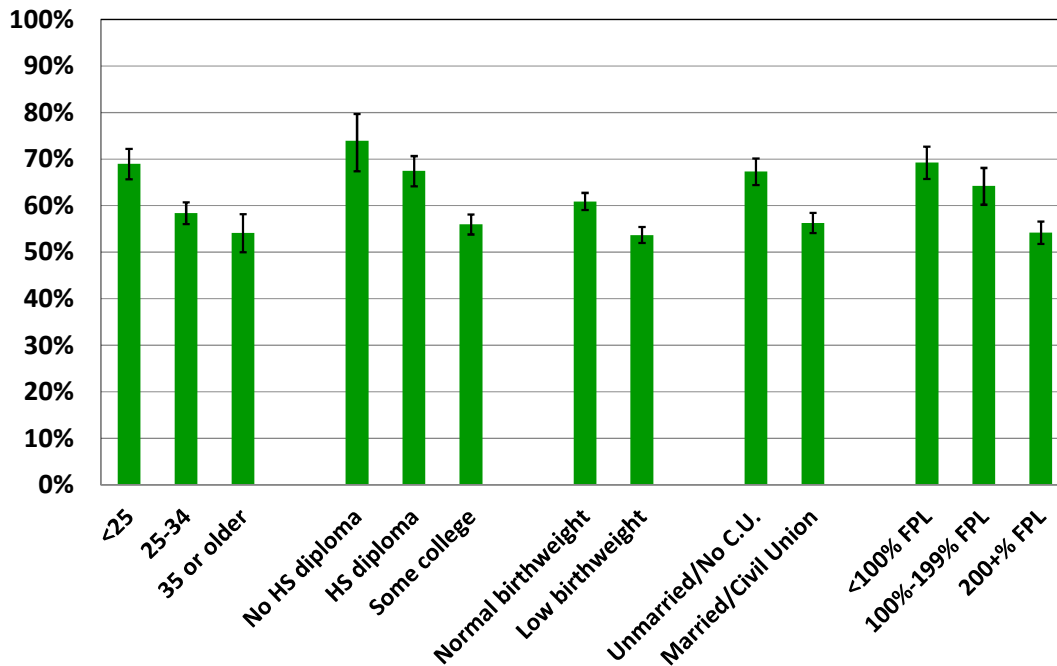
The least prevalent of the sleep environment safety factors was the absence of bumper pads, as only 67.8% of babies slept without bumper pads.

**Prevalence of Safe Sleep Environment Practices  
Vermont 2009-2011**



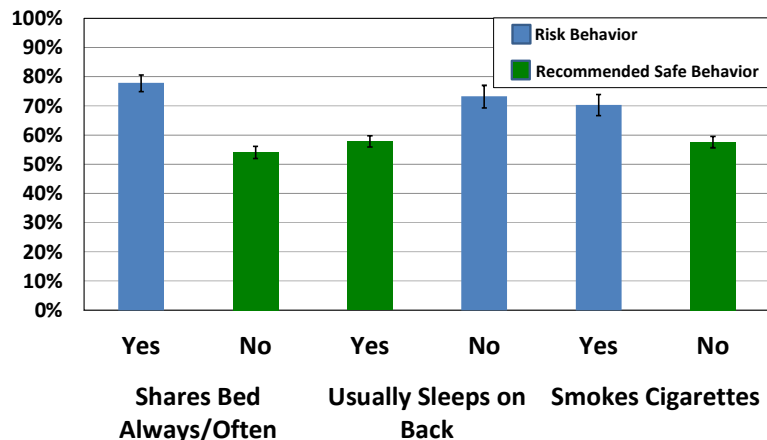
Having one or more of the six sleep environment risk factors was more common among mothers who were unmarried or not in a civil union, who were under the age of 25, who were cigarette smokers at the time, and who were in households with incomes below 200% FPL. Low birthweight infants were less likely to have risk factors in their sleep environment, just as they were more likely to be placed on their backs to sleep and less likely to usually share a bed.

**One or More Risk Factor in Sleep Environment  
Vermont 2009-2011**



Infants who always or often shared a bed, or who were not usually put on their backs to sleep, were more likely to have one or more risk factors in their sleep environments.

**One or More Risk Factors in Sleep Environment  
By Other SUID Risk Factors,  
Vermont 2009-2011**



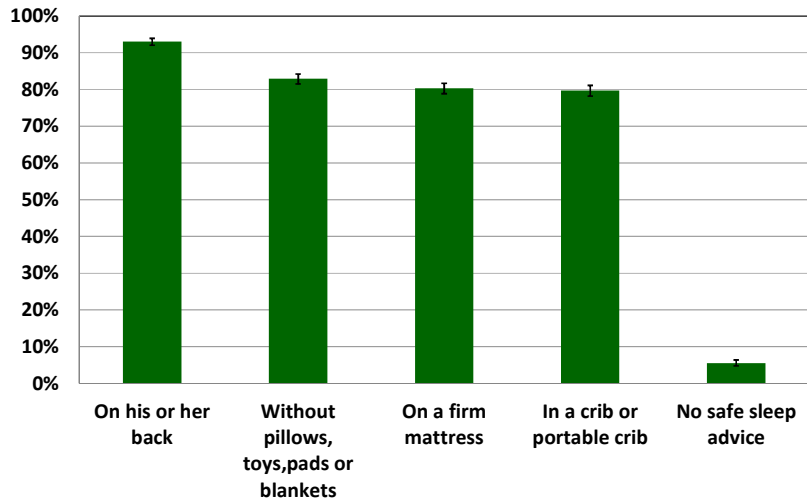
**Safe Sleep Advice**

The Vermont PRAMS questionnaire asks whether women were advised about various safe sleep practices, and the source of the advice. The most common sources of advice were nurses (68.6%) and babies' doctors (67.2%).

The most commonly given advice to mothers of 2009-2011 births was about placing their babies on their backs to sleep, with 93.1% receiving this advice.

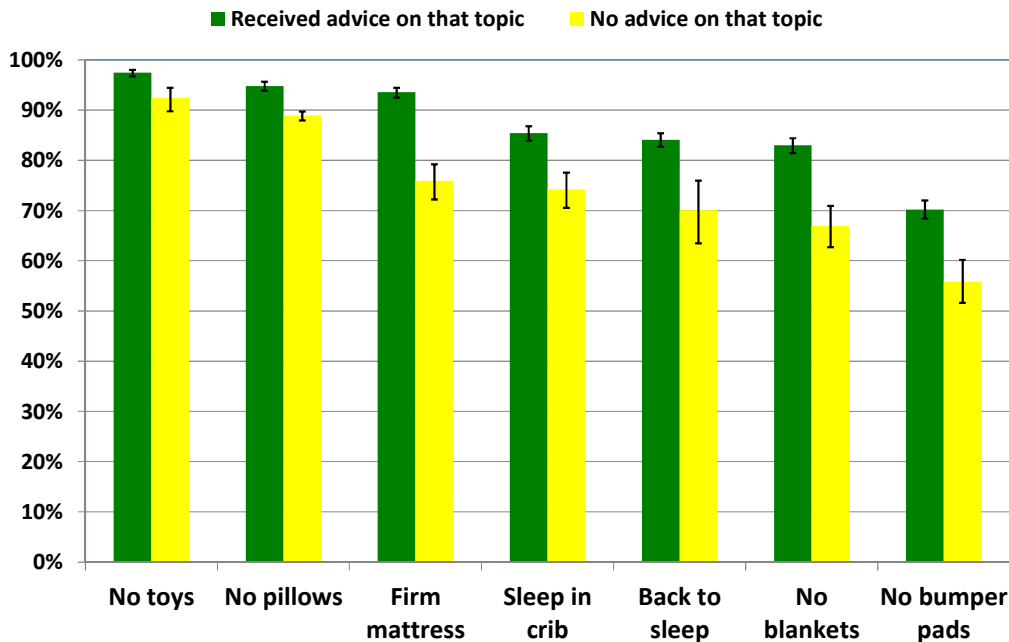
Around four in every five women received advice about the use of cribs, firm mattress, and avoiding pillows, pads or toys, while 5.5% of mothers received no post-partum advice about safe sleep.

**Prevalence of Post-Partum Safe Sleep Advice  
Vermont 2009-2011**



Mothers who reported that they received advice on any given safe sleep practice were more likely to follow that practice. For example, mothers who received advice on placing their babies to sleep in crib were more likely to do so.

**Safe Sleep Behavior by Related Post-Partum Advice  
Vermont 2009-2011**



**The following PRAMS Questions were used for this data brief**

<p><b>In which one position do you most often lay your baby down to sleep now?</b></p> <ul style="list-style-type: none"> <li>• On his or her side</li> <li>• On his or her back</li> <li>• On his or her stomach</li> </ul> <p><b>Listed below are some things that describe how your new baby usually sleeps. For each item, circle T (True) if it usually applied to your baby or circle F (False) if it doesn't usually apply to your baby.</b></p> <ul style="list-style-type: none"> <li>• My new baby sleeps in a crib or portable crib</li> <li>• My new baby sleeps on affirm or hard mattress</li> <li>• My new baby sleeps with pillows</li> <li>• My new baby sleeps with bumper pads</li> <li>• My new baby sleeps with plush blankets</li> <li>• My new baby sleeps with stuffed toys</li> </ul> <p><b>How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)</b></p> <ul style="list-style-type: none"> <li>• 41 cigarettes or more</li> <li>• 21 to 40 cigarettes</li> <li>• 11 to 20 cigarettes</li> <li>• 6 to 10 cigarettes</li> <li>• 1 to 5 cigarettes</li> <li>• Less than 1 cigarette</li> <li>• I don't smoke now</li> </ul>	<p><b>How often does your new baby sleep in the same bed with you or anyone else?</b></p> <ul style="list-style-type: none"> <li>• Always</li> <li>• Often</li> <li>• Sometimes</li> <li>• Rarely</li> <li>• Never</li> </ul> <p><b>During your most recent pregnancy or after your new baby was born, did you receive any information or advice on the following?</b></p> <ul style="list-style-type: none"> <li>• Placing your baby in a crib or portable crib to sleep</li> <li>• Placing your baby on his or her back to sleep</li> <li>• Placing your baby on a firm mattress</li> <li>• Placing your baby to sleep without pillows, bumper pads, plush blankets, or stuffed toys</li> <li>• I did not receive any information on where, how, or on what my new baby should sleep</li> </ul> <p><b>From whom or where did you get the information or advice that you received?</b></p> <ul style="list-style-type: none"> <li>• My mother</li> <li>• My grandmother</li> <li>• Other family member or friend</li> <li>• TV or radio</li> <li>• A home health visitor</li> <li>• My hospital nurse</li> <li>• My obstetrician or midwife</li> <li>• My baby's doctor</li> <li>• Other</li> </ul>
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Data brief completed by statistics intern Yi Ba and Vermont PRAMS. Questions or comments about this report may be directed to John Davy at (802)863-7661 or [john.davy@state.vt.us](mailto:john.davy@state.vt.us).

<sup>1</sup> <http://www.cdc.gov/sids/parents-caregivers.htm>

<sup>2</sup> Vermont PRAMS reports on cigarette smoking before, during and after pregnancy are available at <http://healthvermont.gov/research/PRAMS/PRAMSDataBriefs.aspx#top>.